

Baseball West-Island

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1335 Lakeshore Road, Dorval, Qc H9S 2E5
Email: contact@baseballwestisland.com



2012 Winter Camp Registration

Player

Family Name _____

Given Name _____

Address _____ Apt. _____

City _____ Postal Code _____

Home telephone () _____

Other telephone () _____ Specify _____

Email _____

Date of Birth ____ / ____ / _____ Medicare Card # _____

Baseball West Island's priority is to ensure that all players have fun in a safe environment. Are there any physical limitations or allergies BWI should know about to make this a successful year for this player?

No Yes if yes, please specify: _____

2012 Winter Camp level (select level based on year of birth)

Novice '05-'07 Atom '03-'04 Mosquito '01-'02 PeeWee '99-'00 Bantam '97-'98 Midget '94-'96

Parent or Guardian

Family Name _____

Given Name _____

If different from above

Address _____ Apt. _____

City _____ Postal Code _____

Home telephone () _____

Other telephone () _____ Specify _____

Disclaimer: Please read carefully and print and sign your name as indicated

I (print name) _____, will assume all risks and hazards to the registrant, including transportation to and from Baseball West Island activities, whether on or off the baseball fields. I do hereby waive, release, absolve, indemnify and agree to harmless Baseball West Island and all of its volunteers, officials and affiliates for claims arising out of injury to the registrant who the result of negligence or any other cause.

Signature of player (if 18 years or older), parent or guardian _____

_____ Date

For office use only

Date _____ Method of Payment _____

Registrar _____